## P0100004340

LAW OFFICES

## WILLIAMS, SMITH & SUMMERS, P.A.

CHRISTOPHER J. SMITH GARY L. SUMMERS ROBERT Q. WILLIAMS 380 WEST ALFRED STREET TAVARES, FLORIDA 32778-3298

TELEPHONE: (352) 343-6655 FAX (352) 343-4267

July 22, 2002

Department of State Division of Corporations Post Office Box 6327 Tallahassee, Florida 32314

Re: Medrite, Inc.

Dear Sir:

Enclosed please find an original Statement of Change of Registered Agent for the above-captioned corporation, along with a check in the amount of \$35.00 for the filing fee.

Please call with any questions.

Sincerely,

Robert Q. Williams

RQW/clc

[July 22, 2002/W:\WORD1\Corporations\transmittal Itr.wpd]

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02 JUL 24 AMII: 51

SECRETARY OF STATE
ALL AHASSEE EL COUNT

RAIRO Change Ta 7/30/02

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH FOR CORPORATIONS

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the undersign	ne provisions of section ed corporation organized	d under the laws of the S	tate of Florida	a.
the State of Fl	ellowing statement in ord Jorida	ler to change its register	ed office or registered	agent, or both, in
=	of the corporation:	Medrite, Inc.		
2. The mailing	g address of the corporati	on:13432 Cour	nty Road 448	
			Plorida 32778	
3. Date of inc	orporation/qualification:		· · · · · · · · · · · · · · · · · · ·	01000064340
	nd address of the current			
	James R. 1	Leone		
	3188 Oak I	ane		<del></del>
	Edgewater,	Florida 32132		
5. The name ar	nd address of the new reg	ristered agent (if changed P. O. Box <b>Not</b> Acceptabl	) and/or registered office)	ce (if changed):
	Lauren J.	Schultz		
	13432 Coun	ty Road 448		
	Tavares, F	lorida 32778		
The street addragent, as chang	ess of its registered officed, will be identical.	ce and the street address	of the business office	of its registered
Such change wauthorized by t	as authorized by resoluti	ion duly adopted by its b	ooard of directors or by	an officer so
_ Xai	of an officer, chairman or vices	& Prus	7/18	sloa
	O	$\mathcal{I}$	(Date)	-
Lauren	J. Schultz, Pre	sident ditte)	<u></u>	
I further garee	umed as registered agent hereby accept the appoin to comply with the provi my duties, and I am t.	iciona of all state and	ni ana agree to act in t	this capacity.
- Hai	ignature of Registered Agend	<b>\</b>	)/18/a=	<del>}</del>
If signing on behal	f of an entity:	<i>J</i> ,	(Date)	92 אבנ זאנו
Lauren_	J. Schultz	<u> </u>	_ Pres	.AH/
(1	Typed or Printed Name)		(Capacity)	FIL 24 ARY SSE
	* * * ]	FILING FEE: \$35.00 *	**	
CR2E045(9/00) Dr	VISION OF CORPORATIONS	P.O. Box 6327	TALLAHASSEE, FL 32314	II: 51 STATE LORIDA